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SDNY PRO SE OFFICE

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

SILVIANO CHRISTMAN

21 CV 2730 (LTS)

(Include case number if one has been assigned)

Write the full name of each plaintiff.

-against-

(See attached)

AMENDED
COMPLAINT
(Prisoner)

Do you want a jury trial?

☒ Yes ☐ No

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

List of Defendants

Correctional officer Montero #3105 in OTIS Bantam Correctional facility on 5/15/20 in Dorm "Upper" area, Correctional officer John Doe #1, 2, 3, 4 and 5 on duty 5/15/20 at OTIS Bantam Correctional Center in Dorm 4upper at 3:50pm or thereabouts, Dr. John Doe #1 on duty 6/21/20 or thereabouts in OTIS Bantam Correctional Center in Cellblock 3 Southwest During 7am - 3pm Shift, Correctional officer John Doe #6 and #7 on duty 6/21/20 at OTIS Bantam Correctional Center during the 5am - 1pm Shift in Cellblock 3 Southwest New York City Health and Hospital Corporation

I. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

☒ Violation of my federal constitutional rights

☐ Other: _____

II. PLAINTIFF INFORMATION

Each plaintiff must provide the following information. Attach additional pages if necessary.

<u>Silviano</u>	<u></u>	<u>Christman</u>
First Name	Middle Initial	Last Name

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

Booking # 349190361d, NYSID # 03053154R, Federal # 69870-054

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

~~1500 Hazen Street~~ Rikers Island, North Infirmary Command

Current Place of Detention

1500 Hazen Street

Institutional Address

~~NY~~ East Elmhurst

County, City

State

11370

Zip Code

III. PRISONER STATUS

Indicate below whether you are a prisoner or other confined person:

☒ Pretrial detainee

☐ Civilly committed detainee

☐ Immigration detainee

☐ Convicted and sentenced prisoner

☐ Other: _____

IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:

Montero 3105
 First Name Last Name Shield #
 Correctional officer
 Current Job Title (or other identifying information)
 1600 Hazen Street
 Current Work Address
 East Elmhurst NY 11370
 County, City State Zip Code

Defendant 2:

John Doe # 1
 First Name Last Name Shield #
~~1600 Hazen St~~ Correctional officer
 Current Job Title (or other identifying information)
 1600 Hazen Street
 Current Work Address
 East Elmhurst NY 11370
 County, City State Zip Code

Defendant 3:

John Doe # 2
 First Name Last Name Shield #
 Correctional officer
 Current Job Title (or other identifying information)
 1600 Hazen Street
 Current Work Address
 East Elmhurst NY 11370
 County, City State Zip Code

Defendant 4:

John Doe # 3
 First Name Last Name Shield #
 Correctional officer
 Current Job Title (or other identifying information)
 1600 Hazen Street
 Current Work Address
 East Elmhurst NY 11370
 County, City State Zip Code

IV

Additional Defendants Information ~~XXXXXX~~

Defendant 5: John Doe # 4
Correctional Captain
1600 Hazen Street
East Elmhurst, NY 11370

Defendant 6: John Doe # 5
Correctional officer
1600 Hazen Street
East Elmhurst, NY 11370

Defendant 7: Dr. John Doe # 1
Dept. of Corrections Medical Doctor
1600 Hazen Street
East Elmhurst, NY 11370

Defendant 8: John Doe # 6
Correctional officer
1600 Hazen Street
East Elmhurst, NY 11370

Defendant 9: John Doe # 7
Correctional officer
1600 Hazen Street
East Elmhurst, NY 11370

IV

Additional defendants Information
Defendant 10: John Doe # 8

Correctional officer
1600 Hazen Street
East Elmhurst, Ny 11370

Defendant 11: John Doe # 9

Correctional officer
1600 Hazen Street
East Elmhurst, Ny 11370

Defendant 12: John Doe # 10

Correctional officer
1600 Hazen Street
East Elmhurst, Ny 11370

Defendant 13: John Doe # 11

Correctional officer
1600 Hazen Street
East Elmhurst, Ny 11370

Defendant 14: New York City Health and Hospital Co.

V

Additional Facts:

- ① Correctional officer Montero #3105 on duty 5/15/20 Near dorm 4 upper area at approximately 3pm Assaulted me with Chemical agents and Closed fists.
- ② "Probe Team" that Consisted of 5 John Does. John Does 1-5 Name such in the list of defendants were on duty 5/15/20 at 3:30pm or thereabouts in dorm 4 upper, beat me with their fists, feet. Chemical agents and Body Slammed me.
- ③ Dr. John Doe #1 on duty 6/21/20 in Cellblock 3 Southwest during 7am-3pm Shift told Correctional officers to Move me via Stretcher which ended up being dropped midway down a ~~flight~~ flight of Stairs causing untold harm.
- ④ Correctional officers John Doe 6 and 7 on duty 6/21/20 in Cell block 3 Southwest during 5am-2pm Shift found me unconscious on my Cell floor Covered in vomit, blood and urine but left me there with help or Notifying medical. - I was not found until Change of Shift.

IV

Additional Facts:

- ⑤ Correctional officer John Doe # 8, 9, 10. and 11 were asked by medical (Dr. John Doe # 1) to help bring the Stretcher I was on downStairs halfway down They dropped me.
- ⑥ H+HC, on or about 6/28/20 denied me a Second opinion.

V. STATEMENT OF CLAIM

Place(s) of occurrence: OTIS Bantum Correctional Center dorm 4 upper area
OTIS Bantum Correctional Center cellblock 3 Southwest

Date(s) of occurrence: 5/15/20 and 6/21/20 or thereabouts

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

On 5/15/20 Correctional officer Montero[#] assaulted me throwing several closed fist punches toward my face striking me, then sprayed his mace (oleoresin capsicum). After Correctional officer Montero[#] assaulted me a "probe team" consisting of 5 officers one of which was a Captain, outfitted with protective padding billy clubs and tower shields "came to take me to intake" before I could say a word I was sprayed at point blank range in the eyes with mace then picked up and slammed on my torso where one or more officers proceeded to punch me, kick me and eye gauge me. A month goes by I complain to medical the entire time about chest pain and my head hurting me, I was given tylenol and ignored. on 6/21/20 or thereabouts I collapse in my cell, striking the toilet with my face, unable to move at all, lying in a pool of blood urine and vomit I waited for the officers to do there rounds for lunch to see me and help because I couldn't move - I was barely breathing. I was seen by at least 2 Correctional officers. I remember one of them saying "MS. Scott, look" followed by a scuff of an approaching boot, pause the recede. Put plainly I was deliberately ignored. once change of shift came in at 1pm The Correctional officer then called a

Medical emergency. When medical arrived they tried to revive me with Smelling Salts or something akin to that. When that did not work I was Strapped to a Stretcher and Carried down a flight of stairs by four Correctional officers. Where when we got halfway down the stairs I was dropped. (see attached) "Additional facts"

INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

Severe Mental Trauma
Transient quadriplegia (Conversion Syndrome)
Paraplegia

VI. RELIEF

State briefly what money damages or other relief you want the court to order.

The Relief I am Seeking is What the Court Deem Just and Fair.

VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

6/22/21
 Dated
Silviano
 First Name
Christman
 Last Name
1500 Hazen Street
 Prison Address
East Elmhurst
 County, City
NY
 State
11370
 Zip Code

Date on which I am delivering this complaint to prison authorities for mailing:

6/22/21

⑤ Jot

Silvia Christina
B/c # 3491903612
1500 Hazen St.
E. Elmhurst, NY
11370

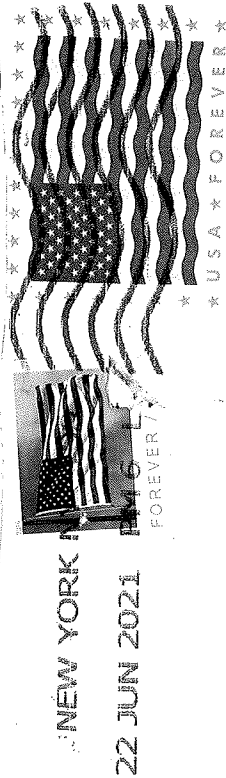
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States District Court
500 Pearl Street
New York, NY 10007-1312

Pro Se
JR



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